



Court Alcohol and Drug Program

## GRANT PROGRAM

### **EXPENSE DOCUMENTATION FORM**

(To be submitted with original receipts for reimbursement after grant has been completed.)

Item	Date	Expense	Amount

**Total Expense** \_\_\_\_\_

I have examined the preceding information and attached documents. I certify that these expenses were actually incurred in support of the grant program approved by the Indiana Judicial Center for our Court Alcohol and Drug Program.

A&D Program \_\_\_\_\_

Program Director Signature \_\_\_\_\_

The reimbursement will be issued to the County Auditor's office. Please complete and enclose the following information:

Automated Direct Deposit Authorization Agreement and completed W-9. (Forms are available on the IJC website; [www.in.gov/judiciary/center/cadp](http://www.in.gov/judiciary/center/cadp) under Grant)

The reimbursement will be deposited according to the information provided on W-9 and Direct Deposit forms. A confirmation of payment will be sent to the Program Director by email or mail.

**IJC**

Amount approved for payment: \_\_\_\_\_ Approval Signature \_\_\_\_\_

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